

MedicareBlueSM Rx Drug Alternatives

MedicareBlue Rx 3-Level Formulary is structured as follows:

Level 1	Formulary Generics
Level 2	Formulary Preferred Brands
Level 3	Formulary Brands

The commonly used drugs listed in the table below would be covered at the Level 3 of the MedicareBlue Rx Formulary but were previously covered as formulary at Level 2 for Blue Cross Blue Shield of ND (BCBSND) members. For each of these drugs, there are clinically equivalent generic or alternative brand products on Levels 1 & 2 of the MedicareBlue Rx Formulary. The MedicareBlue Rx Formulary was reviewed and approved by the Pharmacy & Therapeutics Committee. Most members of this committee are practicing physicians or pharmacists.

Please note that CMS (the part of the federal government that manages Medicare) excludes several classes of drugs from the Medicare Part D program. Some of these excluded classes are non-prescription drugs, drugs used for cosmetic purposes or hair growth, prescription vitamins and minerals (except for prenatal vitamins and fluoride preparations), drugs used for relief of cough and cold symptoms, drugs used for weight gain or weight loss, and drugs used to promote fertility. All drugs in the benzodiazepine and barbiturate classes are excluded; examples of these include Valium and phenobarbital. Any drug that can be covered by part B, based on the way it was prescribed, also cannot be covered under Medicare Part D.

Key observations for the table below:

- The information in this document is subject to change and is current as of March 8, 2006. MedicareBlue Rx may add or remove drugs from the formulary during the year. To get updated information about the drugs covered by MedicareBlue Rx, please visit the Website at www.YourMedicareSolutions.com or call Customer Service at 1-877-838-3827, 7 a.m. to 7 p.m. Central Time and 6 a.m. to 6 p.m. Mountain Time Monday through Friday. TTY/TDD users should call 1-800-693-3816.
- Many of the drugs on this list are medications with short treatment duration (most of which involve a one-time treatment); therefore, physicians can quickly switch to Level 1 or Level 2 medications.
- Members taking these medications may (a) ask their doctor to switch to another medication on a lower level, (b) continue with their current medications by paying a Level 3 cost share, or (c) ask to make an exception (generally, your request for an exception will only be approved if there is a medical reason for it).

Drug Name (Covered on Level 3 of MedicareBlue Rx formulary)	Generic Alternatives (Level 1 of MedicareBlue Rx formulary)	Preferred Brand Alternatives (Level 2 of MedicareBlue Rx formulary)
ACCOLATE		SINGULAIR
ACIPHEX	omeprazole	NEXIUM, PROTONIX
AGGRENOX	anagrelide, cilostazol, dipyridamole, ticlopidine	PLAVIX
ALPHAGAN P	brimonidine tartrate	
AZMACORT		FLOVENT, FLOVENT HFA, FLOVENT ROTADISK, QVAR
CATAPRES-TTS-3	clonidine, guanfacine, methyldopa	
CEFZIL*	cefuroxime, cefaclor, cefprozil	CEFTIN
CIPRODEX*	antibiotic ear, aurobiotic-hc, cortomycin, neomycin/polymyxin/hc, oticin hc, otimar	
DIFFERIN*	tretinoin, amnesteem, avita, benzagel wash, benzoyl peroxide 5/10, desquam-e, ethexderm ethexderm bpw-5, metronidazole, panoxyl, panoxyl aq, seba- gel, sotret,	METROGEL, METROLOTION
DILANTIN	phenytoin suspension, phenytoin extended cap, phenytoin prompt cap	
DITROPAN XL	flavoxate, oxybutynin	DETROL, DETROL LA, VESICARE
ESTROGEL	estradiol	ESTRADERM, PREMARIN, VIVELLE, VIVELLE-DOT
HUMULIN		NOVOLIN INSULINS
INDERAL LA	acebutolol, atenolol, betaxolol, bisoprolol, labetolol, metoprolol, nadolol, pindolol, propranolol, sotalol, timolol	TOPROL XL
LEVAQUIN*	ciprofloxacin, ofloxacin	CIPRO (Oral Suspension), TEQUIN
LOPROX SHAMPOO*	ciclopirox, ketoconazole, selenium	
LUMIGAN		XALATAN
MAXAIR AUTOHALER	albuterol, metaproterenol	FORADIL AEROLIZER, SEREVENT DISKUS, VENTOLIN HFA
NASACORT AQ*	flunisolide	FLONASE, NASONEX
PATANOL*	cromolyn sodium, naphazoline	ZADITOR
PRAVACHOL	lovastatin	CRESTOR, LIPITOR, ZOCOR
PRED MILD*	ak-pred, dexamethasone sodium phosphate, dexasol, fluor-op, fluorometholone, prednisol, prednisolone acetate 1%, prednisolone sodium phosphate 1%	

Drug Name (covered on Level 3 of MedicareBlue Rx formulary)	Generic Alternatives (Level 1 of MedicareBlue Rx formulary)	Preferred Brand Alternatives (Level 2 of MedicareBlue Rx formulary)
PRIMAQUINE PHOSPHATE	chloroquine phosphate, hydroxychloroquine, mefloquine, quinerva, quinine sulfate	
REQUIP	carbidopa & levodopa, amantadine, pergolide, benztropine, bromocriptine, selegiline, trihexyphenidyl	MIRAPEX
SPIRIVA HANDIHALER	Ipratropium bromide	ATROVENT, ATROVENT HFA
SYNTHROID	Levothroid, levothyroxine, Levoxyl, Unithroid	
TRICOR	gemfibrozil	
TRILEPTAL	carbamazepine, epitol, gabapentin	KEPPRA, LAMICTAL, NEURONTIN, TOPAMAX, ZONEGRAN
VIGAMOX*	ciprofloxacin, ofloxacin,	
VOLTAREN (ophthalmic)*	flurbiprofen sodium, fluorometholone	ACULAR
VYTORIN	lovastatin	ZOCOR, ZETIA, LIPITOR, CRESTOR
ZYPREXA	clozapine, chlorpromazine, fluphenazine, perhenazine, prochlorperazine, thioridazine, trifluoperazine, haloperidol, loxapine, thiothixene	SEROQUEL, RISPERDAL

*** Medications with short duration of treatment**

For additional information regarding MedicareBlue Rx Formulary, including medication search alternatives or utilization management programs, please go to the Blue Cross Blue Shield website at www.YourMedicareSolutions.com

This document presents a brief overview of some common prescription drugs and their generic and/or preferred brand alternatives under the MedicareBlue Rx 3-Level Formulary. The information in this document is subject to change and should not be used to determine whether your prescription drug expenses will be paid. The written Evidence of Coverage governs the benefits available.